

## APPLICATION FOR CERTIFICATE OF FIRE ESCAPE

*The Safety and Health at Work Act, Cap 356*

To: The Chief Fire Officer

(1) NAME OF OCCUPIER OR TITLE OF FACTORY .. .. .	
(2) NAME AND ADDRESS OF OWNER OF PREMISES TO BE USED AS FACTORY.. ..	
(3) POST ADDRESS OF FACTORY .. .. .	
(4) PROPOSED NUMBER OF PERSONS TO BE EMPLOYED OR NUMBER EMPLOYED .. .. .. .. .	
(5) NATURE OF WORK OR PROCESS (ES) .. .	
(6) NAMES OF MATERIALS OR CHEMICALS USED .. .. .	
(7) TYPE OF BUILDING; CONCRETE, METAL TIMBER .. .. .	
(8) FLOOR AREA OF BUILDING NUMBER OF FLOORS .. .. .	
(9) NUMBER OF PERSONS ON EACH FLOOR ..	
(10) TYPE OF FIRE ALARM SYSTEM .. .. .	
(11) NUMBER OF EMERGENCY EXITS .. ..	
(12) TYPE OF FIRE EXTINGUISHING MEDIA ..	
(13) DATE FACTORY ESTABLISHED .. .. .	
(14) DATE OF APPLICATION AND SIGNATURE OF APPLICANT .. .. .	

FOR ADMINISTRATIVE PURPOSES ONLY

(15) DATE RECEIVED .. .. .	
(16) DATE INSPECTED .. .. .	
(17) CERTIFICATE GRANTED/REFUSED .. .. .	..... DATE.....
(18) REASON FOR REFUSAL .. .. .	
(19) SIGNATURE OF CHIEF FIRE OFFICER .. .. .	..... DATE.....